

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	January 13 1905
Full Name of Child, . . .	Harold Earl Gilmore
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southville Mass
Full Name of Father, . . .	Walter Gilmore
Maiden Name of Mother, . .	Marion Howard
Residence of Parents, . . .	Springfield Mass
Occupation of Father, . . .	Hotel Clerk
Birthplace of Father, . . .	Albany N.Y.
Birthplace of Mother, . . .	Springfield Mass

Dated at Asheaus Jan 13 190 5

Signature and residence of person making return. }	Duncan M Wood MD Asheaus Mass
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Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	January 18 1905
Full Name of Child, . .	Rosa Geradie
Sex, Color and if Twin, .	Female White
Place of Birth,	Fayville Mass
Full Name of Father, .	Joseph Geradie
Maiden Name of Mother, .	Budget Brassie
Residence of Parents, . .	Fayville Mass
Occupation of Father, . .	Laborer
Birthplace of Father, . .	Italy
Birthplace of Mother, . .	Italy

Dated at Ashland Mass Jan 18 1905Signature and residence
of person making return.
 D M. Wood M.D.
 Ashland Mass

(See deposition #1)

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

January 19 1905

Full Name of Child,

Sex, Color and if Twin,

Male White

Place of Birth,

Southville Mass

Full Name of Father,

Fred Austin Mart Real

Maiden Name of Mother,

Agnes Theresa Valade

Residence of Parents,

Southville Mass

Occupation of Father,

Printer

Birthplace of Father,

Worcester Mass

Birthplace of Mother,

Southville Mass

Dated at

Ashland Mass Jan 19 1905

Signature and residence
of person making return. }

D. M. Wood Md

Ashland Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Jan 27 1905
Full Name of Child,	Edna Francis Smith
Sex, Color and if Twin,	Female white
Place of Birth,	Southboro Mass.
Full Name of Father,	Geo. D. Smith
Maiden Name of Mother,	Cerie L. Rhute
Residence of Parents,	Southboro Mass.
Occupation of Father,	Shoe worker
Birthplace of Father,	Auburn Mass.
Birthplace of Mother,	Marlboro Mass.

Dated at Southboro Mass Jan 28 1905Signature and residence
of person making return.

Howard Bacon
Southboro Mass.

Commonwealth of Massachusetts.

Date of Birth, July 12 1895

Sex, Female

Color (if other than white),

Name (if named), Margaret Thayer

Place of Birth, No. St. Mark School Street

Name of Father, Wm. Fremont Thayer

Name of Mother, Edith Thayer

Maiden Name of Mother, Edith Otis

Residence of Parents, No. St. Mark School Street

Occupation of Father, Teacher

Birthplace of Father, New York

Birthplace of Mother, Boston

(Signature),

E. W. B. B. B.

Physician.

Father Name Thomas Martin

Mother Name Annie Martin Maiden N^o Annie
Collins

Baby Name Alice Martin Born Feb 23rd / 1905

Both Parents Born in Ireland

Mrs ~~Milana~~ Valade

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Feb 26 1905
Full Name of Child, . . .	John Rossi
Sex, Color and if Twin, . .	Male White
Place of Birth,	Fayville Mass.
Full Name of Father, . . .	Peter Rossi
Maiden Name of Mother, . .	Theresa Angeli
Residence of Parents, . . .	Fayville Mass.
Occupation of Father, . . .	Labourer
Birthplace of Father, . . .	Italy
Birthplace of Mother, . . .	Italy

Dated at Southboro Mass Feb 28 1905

Signature and residence
of person making return. }

James Bacon
Southboro Mass.

See Deposition #11#2
(correction)

REGISTRY DEPARTMENT, CITY OF BOSTON,
COUNTY OF SUFFOLK.



Commonwealth of Massachusetts.

[In accordance with Section 13, Chapter 29, of the Revised Laws.]

COPY OF THE RETURN OF A
BIRTH

Recorded in the books of the City of Boston, during the
month of April 19 05.

No. 2204

Date of Birth, March 9, 1905

Full Name of Child, Butler

Sex, Female Color (If other than White, White)

(Specify if Twin.)

Place of Birth, Boston New England hospital

Residence of Parents, Southboro

Name of FATHER, Dearborn J

Occupation of Father, Farmer

Birthplace of Father, Wakefield N.H

MAIDEN Name of MOTHER, Delia McDonald

Birthplace of Mother, Southboro

I certify that the foregoing is a true copy.

Attest:

E. W. McGlenen

City Registrar.

FEB 1 1906

190

I PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of Worcester

DELAYED RETURN OF A BIRTH

(To be used for returns of births not made within the interval prescribed by law.
Affidavit on reverse side must be executed)

City or
Town of Southborough

Registered No. _____ Deposition No. _____
No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Roco Carilo

3 Sex of Child <u>male</u>	4 Twin, triplet, or other? <u>-</u> (To be answered only in event of plural births)	4a Number in order of birth <u>-</u>	5 Born alive or stillborn <u>-</u>	6 Date of birth <u>April 2, 1905</u> (Month) (Day) (Year)
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FATHER
7 FULL
NAME Stephen Carilo

MOTHER
8 FULL NAME
BEFORE
MARRIAGE Celia Bossella

9 RESIDENCE NO. _____ ST. _____
(At time the birth occurred)
Southborough
(City or town)

10 RESIDENCE NO. _____ ST. _____
(At time the birth occurred)
Southborough
(City or town)

11 COLOR
OR RACE White

12 AGE AT LAST
BIRTHDAY 32 YEARS
(At time the birth occurred)

13 COLOR
OR RACE White

14 AGE AT LAST
BIRTHDAY 26 YEARS
(At time the birth occurred)

15 BIRTHPLACE Italy
(City or town) (State or country)

16 BIRTHPLACE Italy
(City or town) (State or country)

17 OCCUPATION Laborer
(At time the birth occurred)

18 OCCUPATION at Home
(At time the birth occurred)

19 Attendant at birth or informant Stephen Carilo Father
(If there was no physician or midwife attendant,
draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)
Address No. Framingham Rd. st., Southborough
(City or town)

20 Affidavit filed and recorded and a copy of return and affi-
davit transmitted to the Secretary of the Commonwealth
(Month) (Day) (Year)

21 Deponent
Name _____ City or town _____
Relation
to child _____

22 The above record has been made in accordance with
the provisions of Rev. Laws, Chap. 29, Sec. 14.

Attest: Marjorie M. Fairbanks
REGISTRAR
Southborough
(City or town)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N.B. If the return of a birth is not made within the interval prescribed by law, this form of a return MUST
BE used and the affidavit on the reverse side must be executed

An affidavit containing the facts required for record, if made by a person who was required by law to furnish the information for the original record, or, at the discretion of the city or town clerk, by one or more credible persons having knowledge of the case . . . or a certified copy of the record of any other city or town or of a written statement made at the time by any person since deceased who was required by law to furnish evidence thereof, may, at the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. — *Extract from Rev. Laws, Chap. 29, Sec. 14.*

If the return of a birth is not made within the interval prescribed by law, this affidavit must be executed.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

being duly sworn, deposes and says that he Stephen Carile resides at Southborough, Mass

that deponent has knowledge of the birth of Rosa Carile
named on the reverse side of this blank, that he is the person who made out the reverse side of this blank,
mailed or delivered on June 26 1920 to the office of the Town Clerk
(City or town clerk or registrar)

of the Town of Southborough The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law
was as follows: negligence of birth attendant.

(Signed)

Sworn to and subscribed before me,

this 26th day of June, 1920

Maynard M. Fairbanks
(City or town clerk, or assistant clerk, or registrar, notary public
or other officer authorized to administer oaths for general purposes.)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

By following these instructions carefully, delay and expense will be avoided.

1. Write legibly with durable black ink.
2. The affidavit may be made by the attending physician, midwife, father; mother, or the householder in whose house the birth occurred, or any officer specified in Revised Laws, Chapter 29, Sections 6 and 7, or at the discretion of the city or town clerk or registrar by one or more credible persons having knowledge of the case. A citizen who did not know the parent before the date of the child's birth therefore cannot make an affidavit and the period of acquaintance with the parent must be greater than the age of the child.
3. Write all names in full throughout the return and affidavit. Have the name of the child given in full and correctly spelled; and all items called for upon the return should be stated thereon as they were at the time of the birth.
4. The name of the child as written in the affidavit must correspond in every respect with the name as given in the birth return.
5. The day, month, and year of birth must not be changed after once written.
6. The affidavit and return should be presented without changes or alterations or they will not be accepted.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	April 27 1905
Full Name of Child, . . .	
Sex, Color and if Twin, . .	Female. White
Place of Birth,	Southville Mass
Full Name of Father, . . .	Daniel F. Harrington
Maiden Name of Mother, . .	Anna Theresa Keany
Residence of Parents, . . .	Southville Mass
Occupation of Father, . . .	Auditors Clerk
Birthplace of Father, . . .	Southville Mass
Birthplace of Mother, . . .	Woburn Mass

Dated at Ashland Mass Apr 27 1905

 Signature and residence
 of person making return.

D. M. Wood M.D.

Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	May 26. 1905
Full Name of Child, . . .	Frank VanCott
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southboro Mass
Full Name of Father, . . .	Edward Van Cott
Maiden Name of Mother, . .	Margaret Cassidy
Residence of Parents, . . .	Southboro Mass
Occupation of Father, . . .	Laborer
Birthplace of Father, . . .	New York
Birthplace of Mother, . . .	Ireland

Dated at Southboro May 29 1905Signature and residence
of person making return.

Samuel Bacon
Southboro Mass

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	June 13. 1905.
2. Full Name of Child,	Fredrick Ellsworth Dole
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth,	San Marino Man
6. Name of Father,	Fredrick M. Dole
7. Residence,	San Marino
8. Occupation,	Gate Keeper. ^{Mechanician} _{naturalist}
9. Birthplace,	Wellesley Man.
10. Name of Mother, (Maiden Name,)	Emma L. Pellicani
11. Residence,	San Marino
12. Birthplace,	La Javille

Dated at San Marino Aug. 10 1905 ¹⁸

Signature of person }
making return. }

A. C. Hartman.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	June 21. 1905
Full Name of Child, . . .	Helen Gallison
Sex, Color and if Twin, . .	Female White
Place of Birth,	Southboro Mass.
Full Name of Father, . . .	Timothy Gallison
Maiden Name of Mother, . .	Mary Rice
Residence of Parents, . . .	Southboro Mass.
Occupation of Father, . . .	Brick Mason
Birthplace of Father, . . .	Ireland
Birthplace of Mother, . . .	Scotland

Dated at Southboro June 27 1905

Signature and residence
of person making return.

Signature and residence of person making return.	Lowell Bacon Southboro Mass.
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Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	June 21. 1905
Full Name of Child,	Mildred Wisner
Sex, Color and if Twin,	Female White
Place of Birth,	Southboro Mass.
Full Name of Father,	Charles. O. Wisner
Maiden Name of Mother,	Lilly Reynolds
Residence of Parents,	Southboro Mass.
Occupation of Father,	Ironman
Birthplace of Father,	Massachusetts
Birthplace of Mother,	" "

Dated at Southboro Mass. June 22 1905Signature and residence
of person making return.

Samuel Boer
Southboro Mass.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

June 23 1905

Full Name of Child, . . .

Nona Cappola

Sex, Color and if Twin, . .

Female White

Place of Birth,

Fayville Mass.

Full Name of Father, . . .

Antonio Cappola

Maiden Name of Mother, . .

Rosini Roscini

Residence of Parents, . . .

Fayville Mass.

Occupation of Father, . . .

Laborer

Birthplace of Father, . . .

Italy

Birthplace of Mother, . . .

Italy

Dated at

Southboro Mass. June 26 1905

Signature and residence
of person making return.Amel Boese
Southboro Mass.

Southville

Child born June 28th / 1905

Name Walter

Father's Name James O'Brien

Mother Name Margaret O'Brien

Mrs. Margaret O'Brien

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	July 2. 1905.
2. Full Name of Child, .	— Bagley.
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male.
5. Place of Birth,	Andover Mass
6. Name of Father, . . .	Thomas H Bagley.
7. Residence,	Andover
8. Occupation,	Farmer
9. Birthplace,	Charlestown Mass
10. Name of Mother, . . .	
(Maiden Name,) . . .	Mary A. Cornigan
11. Residence,	Andover
12. Birthplace,	Andover Mass.

Dated at Andover Aug 10. 1905 ¹⁸

Signature of person } A C Eastman.
making return. }

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

July 23. 1905

Full Name of Child,

Mellie Arvidson LaLonde

Sex, Color and if Twin,

Female White

Place of Birth,

Fayville Mass.

Full Name of Father,

John LaLonde

Maiden Name of Mother,

Mellie Dole.

Residence of Parents,

Fayville Mass.

Occupation of Father,

Laborer

Birthplace of Father,

Canada

Birthplace of Mother,

Boston

Dated at

South Lee Mass. July 25 1905

Signature and residence
of person making return.

Arnold Breen

South Lee Mass.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	July 31 1905
Full Name of Child, . . .	Joseph Frederick Buzzaria
Sex, Color and if Twin, . .	Male White
Place of Birth,	Hayville Mass
Full Name of Father, . . .	Fred. Buzzaria
Maiden Name of Mother, . .	Julia Exini
Residence of Parents, . . .	Hayville Mass
Occupation of Father, . . .	Laborer
Birthplace of Father, . . .	Italy
Birthplace of Mother, . . .	Italy

Dated at Ashland Mass July 31 1905

Signature and residence
of person making return.
 D. M. Wood MD
 Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Aug. 7. 1905
Full Name of Child, . . .	Ethel Hodges
Sex, Color and if Twin, . .	Female White
Place of Birth,	Southville Mass.
Full Name of Father, . . .	Grace F. Mackup
Maiden Name of Mother, .	Ernest C. Hodges
Residence of Parents, . . .	Southville Mass
Occupation of Father, . . .	Laborer
Birthplace of Father, . . .	Southville Mass.
Birthplace of Mother, . . .	Southville Mass

Dated at Southville Mass Aug. 11 1905

Signature and residence
of person making return.

Ernest C. Hodges
Southville Mass.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Aug 8 1905
Full Name of Child, . . .	Arthur Raymond Burdick
Sex, Color and if Twin, . .	male white
Place of Birth,	Southville Mass
Full Name of Father, . . .	Charles W. Burdick
Maiden Name of Mother, . .	Agnes Lavery
Residence of Parents, . . .	Southboro Mass
Occupation of Father, . . .	Weaver
Birthplace of Father, . . .	Newport R.I.
Birthplace of Mother, . . .	Glasgow Scotland

Dated at Ashland Mass Aug 8 1905

 Signature and residence
 of person making return.

 D. M. Wood md
 Ashland Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	August 22 1905
Full Name of Child, . . .	
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southville Mass
Full Name of Father, . . .	Alfred Rutus Day
Maiden Name of Mother, . .	Emma Lucy Liberty
Residence of Parents, . . .	Southville Mass
Occupation of Father, . . .	Barber
Birthplace of Father, . . .	Hudson Mass
Birthplace of Mother, . . .	Southville Mass

Dated at Ashland Mass Aug 22 1905

Signature and residence of person making return.	} Duncan M. Woodm
Ashland Mass	

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

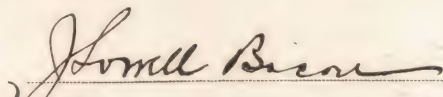
To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Sept 10 1905
Full Name of Child, . . .	
Sex, Color and if Twin, . .	Female White
Place of Birth,	Southboro Mass
Full Name of Father, . . .	Lawrence D Finn
Maiden Name of Mother, . .	Annie Moran
Residence of Parents, . . .	Southboro Mass
Occupation of Father, . . .	Farmer
Birthplace of Father, . . .	Ireland
Birthplace of Mother, . . .	Ireland

Dated at Southboro Mass Sep 11 1905

Signature and residence
of person making return.


 Southboro Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Sept. 11. 1905
Full Name of Child, . . .	Enoch Corvilli
Sex, Color and if Twin, . .	White Male
Place of Birth,	Fogville Mass.
Full Name of Father, . . .	Eleon Corvilli
Maiden Name of Mother, . .	Olivini Gallatini
Residence of Parents, . . .	Fogville Mass.
Occupation of Father, . . .	Labourer
Birthplace of Father, . . .	Italy
Birthplace of Mother, . . .	Italy

Dated at Southboro Mass. Sept-23 1905

Signature and residence
of person making return.

Amell Bacon
Southboro Mass.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Sept-29. 1905-
Full Name of Child,	
Sex, Color and if Twin,	Female. White
Place of Birth,	Fayville Mass.
Full Name of Father,	John Fallipis
Maiden Name of Mother,	Richi Marlo
Residence of Parents,	Fayville Mass
Occupation of Father,	Labors
Birthplace of Father,	Italy
Birthplace of Mother,	"

Dated at Southboro Mass. Oct. 5 1905

Signature and residence
of person making return.

Lonell Bacon
Southboro Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Oct 2 1905
Full Name of Child, . . .	
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southboro Mass
Full Name of Father, . . .	James B Johnson
Maiden Name of Mother, . .	Lery Campbell
Residence of Parents, . . .	Southboro
Occupation of Father, . . .	Farmer
Birthplace of Father, . . .	Southboro
Birthplace of Mother, . . .	N.S.

Dated at Southboro Mass Oct-8. 1905

Signature and residence
of person making return.

Amel Bacon
Southboro Mass

Southville Mass.

Oct 24 1905

Name John Francis

Born Oct 8 1905

Father John A. Hunt

Mother Gertrude M. Hunt

Mrs. Galarde

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	November 11 - 1905
Full Name of Child, . . .	Aubrey Franklin ^{Boutillier}
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southville Mass
Full Name of Father, . . .	George Franklin Boutillier
Maiden Name of Mother, .	Gertrude D Worden
Residence of Parents, . . .	Southville Mass
Occupation of Father, . . .	Machinist
Birthplace of Father, . . .	Nashua N.H.
Birthplace of Mother, . . .	Noroton Conn

Dated at Southville Mass Nov 12 1905

Signature and residence
of person making return.

Duncan M. Worden
Ashland Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Dec. 9. 1905
Full Name of Child, . . .	Edua May Hawkins
Sex, Color and if Twin, . .	Female. White
Place of Birth,	Southboro Mass.
Full Name of Father, . . .	Edgar D. Hawkins
Maiden Name of Mother, .	Eva. Brewer.
Residence of Parents, . . .	Southboro Mass.
Occupation of Father, . . .	Stable Keeper.
Birthplace of Father, . . .	Hopkinton Mass.
Birthplace of Mother, . . .	Southboro Mass.

Dated at Southboro Mass. Jan 15 1906Signature and residence
of person making return.
Amel Boeal
Southboro Mass.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	December 25 1905
Full Name of Child, . .	
Sex, Color and if Twin, .	Male white
Place of Birth,	Wardaville Mass
Full Name of Father, .	Solon R. Works
Maiden Name of Mother, .	Martha C. Copland
Residence of Parents, . .	Wardaville Mass
Occupation of Father, . .	Fireman
Birthplace of Father, . .	Southboro Mass
Birthplace of Mother, . .	Chaplin Conn

Dated at Wardaville Mass Dec 27 1905

Signature and residence
of person making return.

Signature	Duncan M. Woodman
Residence	Ashland Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Dec. 29 1905
Full Name of Child, . . .	
Sex, Color and if Twin, . .	Male. White
Place of Birth,	Southville Mass
Full Name of Father, . . .	Walter Benton Boutin
Maiden Name of Mother, . .	Rueie Evelyn Pearl
Residence of Parents, . . .	Southville Mass
Occupation of Father, . . .	Draughtsman
Birthplace of Father, . . .	Granville Mass
Birthplace of Mother, . . .	Southville Mass

Dated at Ashland Mass Dec 29 1905

 Signature and residence
 of person making return.

 D. M. Woodm
 Ashland Mass



ST. LEONARD'S CHURCH

Certificate of Baptism

This is to Certify

that George Guinazzo
of Francis
and Mary Parodi

was born the 23rd day of September 1905
and was Baptized the 25th of October
day of _____

By Rev. Albert Matteucci

Godfather was Joseph Parodi

Godmother was Anna Guinazzo

Rev. Phis Taurino ofon V. Pastor

Boston, Mass., 28 June 1922

